

REVOCATION OF POWER OF ATTORNEY WITH <u>NEW</u> POWER OF ATTORNEY and CHANGE OF CORRESPONDENCE ADDRESS	Patent #	6,746,697
	Confirmation #	
	Issue Date	June 8, 2004
	First Inventor	WOLFSON
	Art Unit	
	Examiner	
	Docket #	G000001688/MP

I hereby revoke all previous powers of attorney given in the above identified patent.

☒ I hereby appoint the practitioners associated with the Customer Number: **00881**

☒ Please change the correspondence address for the above identified application to the (below) address associated with Customer Number: **00881**

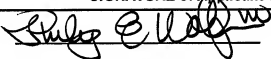
I am the:

☐ Applicant/Inventor

☒ Assignee of record of the entire interest. See 37 CFR 3.17.
STATEMENT under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature



Date:

5/15/07

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Title & Company CEO, Phytos, Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

☒ Total of one form is submitted.

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